

FIG. 1

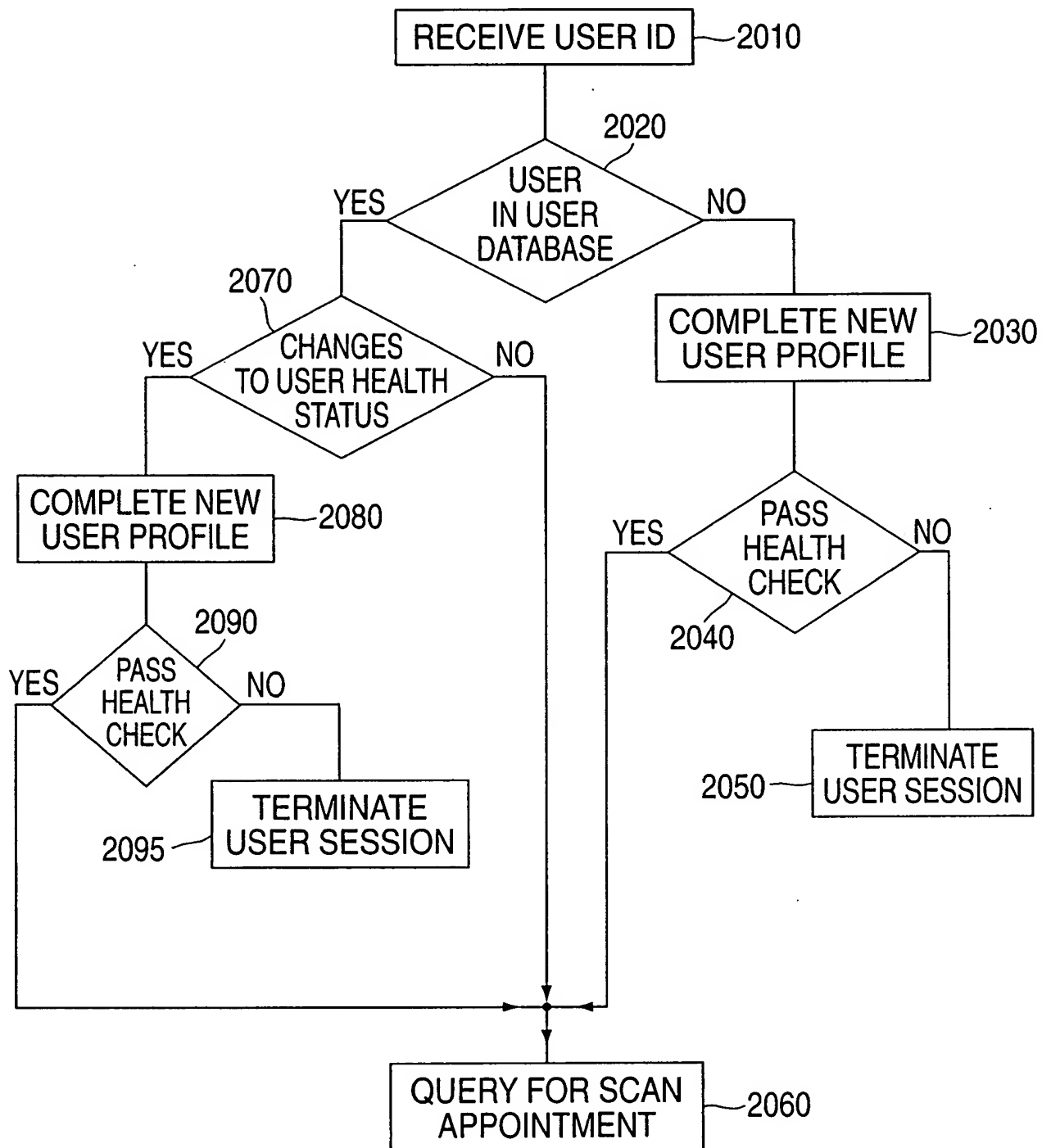


FIG. 2

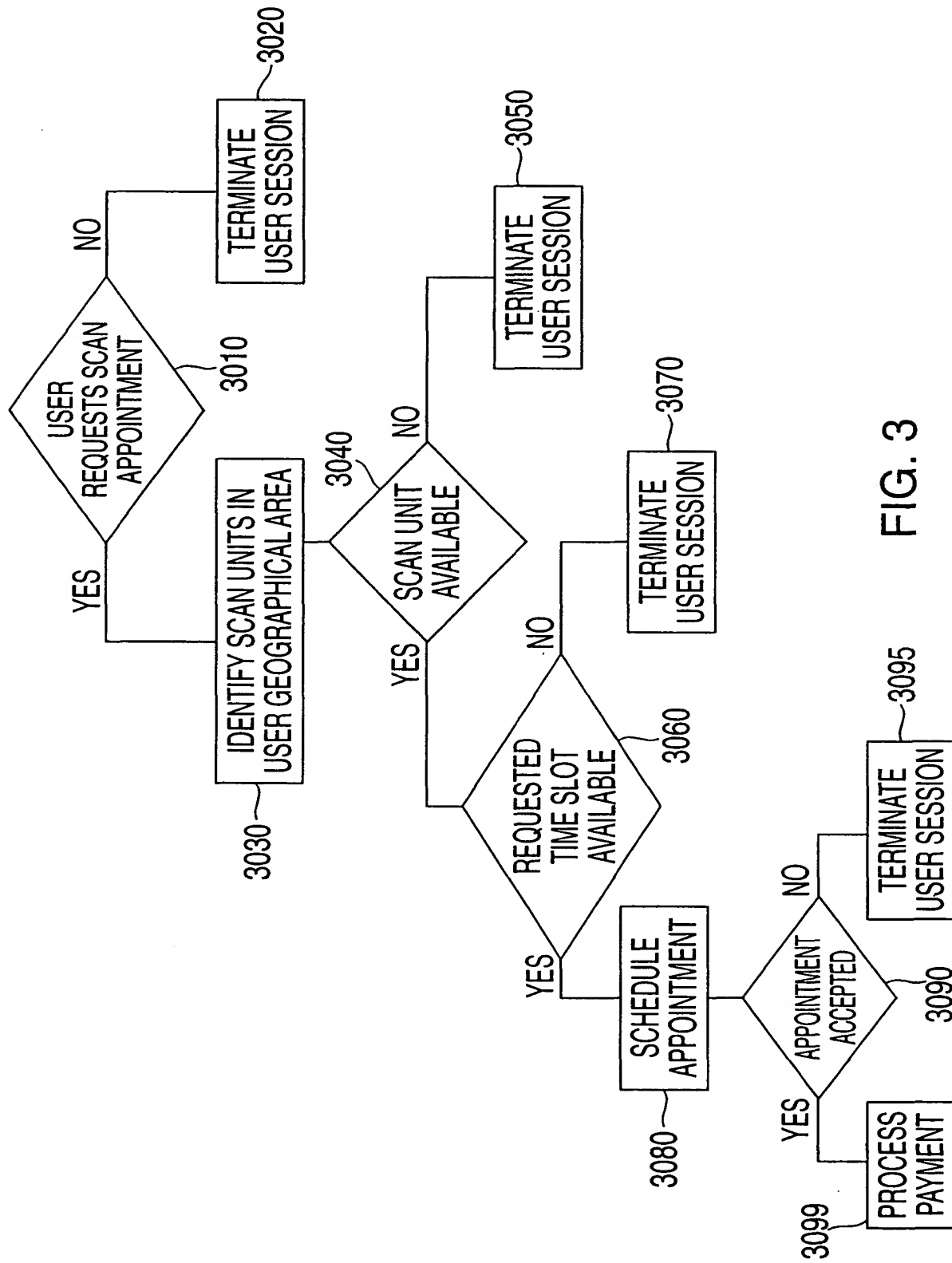


FIG. 3

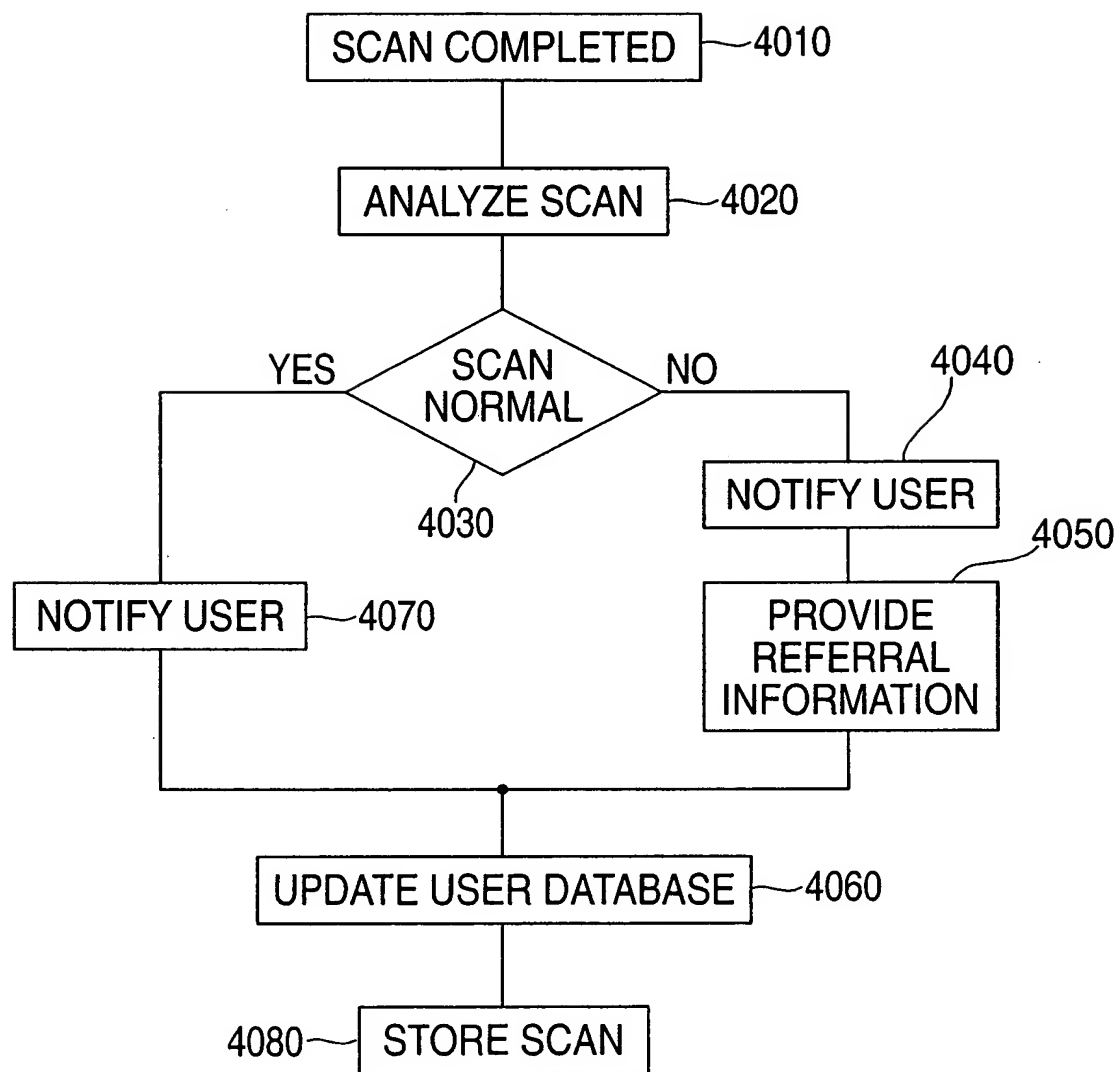


FIG. 4

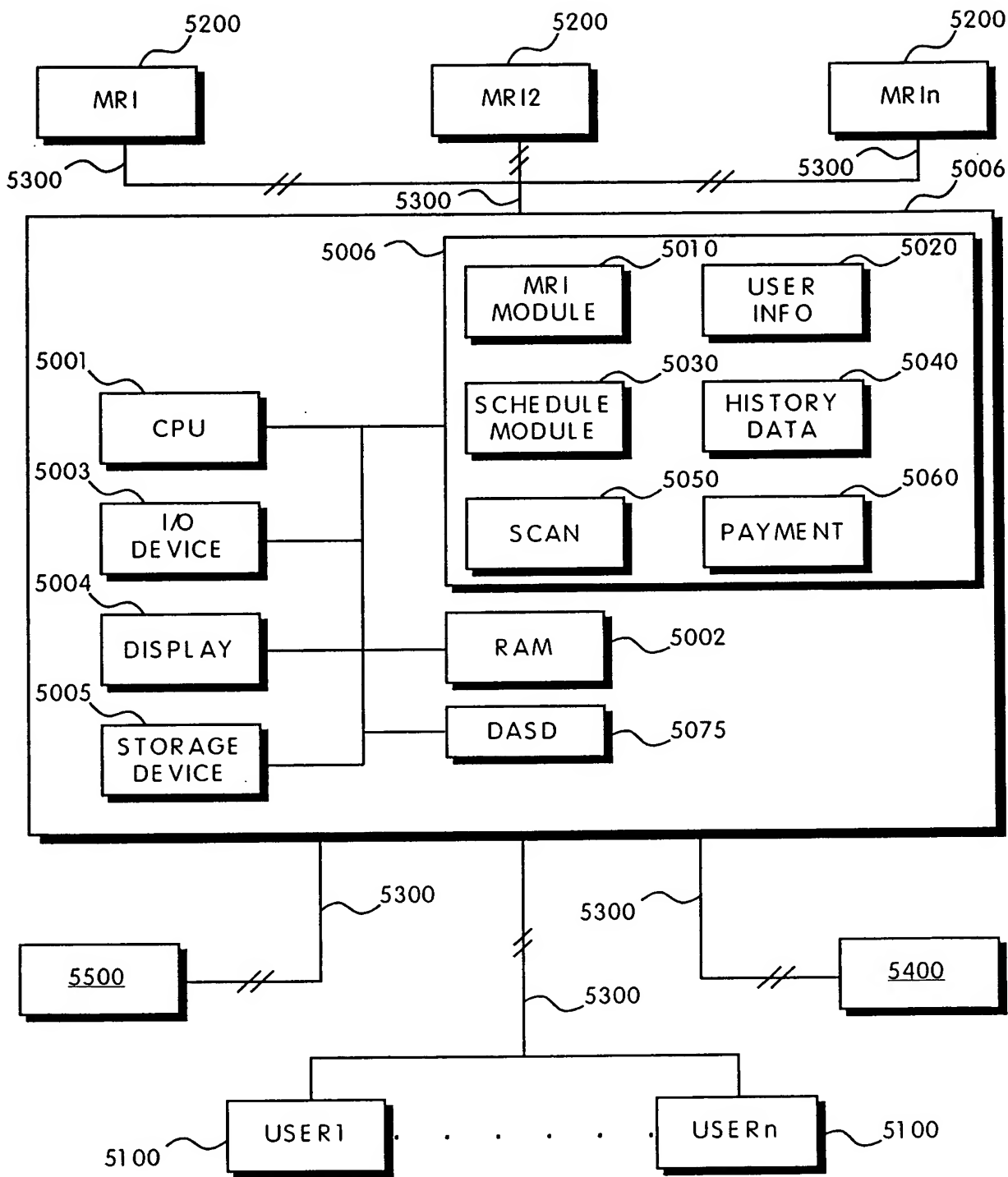


FIG. 5

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Wednesday, July 28, 1999

## Tell Us About Yourself

- Tell Us About Yourself
- Have You Ever Had...?
- Medical Background
- Change A Radiologist
- Change Appointment Time
- Enter Payment Information

???????

???????

???????

Last Name

First Name & MI

Street Address

Apt No./Floor

City/State/Zip

Day Phone #

Night Phone #

Age

Occupation

Handedness ☐ LEFT HANDED ☐ RIGHT HANDED ☐ AMBIDEXTROUS

How far are you willing to travel?  (miles)

Did You Know?

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FIG. 6A

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## Have You Ever Had...?

- Tell Us About Yourself
- Have You Ever Had...?
- Medical Background
- Change A Radiologist
- Change Appointment Time
- Enter Payment Information

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Did You Know?

There are 100,000  
brain tumors in the US  
every year.

- | Yes                   | Please answer the following questions:                   | No                    |
|-----------------------|--|-----------------------|
| <input type="radio"/> | Brain Surgery  | <input type="radio"/> |
| <input type="radio"/> | Head or Eye Injury                                       | <input type="radio"/> |
| <input type="radio"/> | Cardiac Pacemaker  | <input type="radio"/> |
| <input type="radio"/> | Cardiac Defibrillator                                    | <input type="radio"/> |
| <input type="radio"/> | Previous Cardiac Pacemakers Removed                      | <input type="radio"/> |
| <input type="radio"/> | Implanted Drug Diffusion Device                          | <input type="radio"/> |
| <input type="radio"/> | Bone Growth Stimulator                                   | <input type="radio"/> |
| <input type="radio"/> | Neurostimulator (Tens-Unit)                              | <input type="radio"/> |
| <input type="radio"/> | Any Type of Biostimulator                                | <input type="radio"/> |
| <input type="radio"/> | Hearing Aid  | <input type="radio"/> |
| <input type="radio"/> | Metal in Eye   | <input type="radio"/> |
| <input type="radio"/> | Cochlear Implant   | <input type="radio"/> |
| <input type="radio"/> | Nitroglycerin Patch                                      | <input type="radio"/> |
| <input type="radio"/> | Any Device Implanted in Your Body                        | <input type="radio"/> |
| <input type="radio"/> | Metallic Implants (e.g. Hip or Knee Replacement Surgery) | <input type="radio"/> |
| <input type="radio"/> | Severe Anxiety Attacks                                   | <input type="radio"/> |
| <input type="radio"/> | Any Dental Item Held In Place By A Magnet                | <input type="radio"/> |

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FIG. 6B

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Wednesday, July 28, 1999

## Medical Background

- [Tell Us About Yourself](#)
- [Have You Ever Had...?](#)
- [Medical Background](#)
- [Change A Radiologist](#)
- [Change Appointment Time](#)
- [Enter Payment Information](#)

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Are you claustrophobic? ☐ Yes ☐ No

Do you have symptoms now? ☐ Yes ☐ No

If yes, please select from the list below:

### Syptoms:

MEMORY LOSS  
 HEADACHES  
 LOSS OF VISION  
 DOUBLE VISION  
 FACE NUMBNESS  
 HEARING LOSS  
 VERTIGO  
 SWALLOWING DIFFICULTIES  
 WEAKNESS OF ARM OR LEG  
 LOSS OF CONSCIOUSNESS  
 SEIZURES

Other: (please type in box below)

Did You Know?

The yearly incidence of brain tumors is ?????? ????????

Are you on any medications? ☐ Yes ☐ No

If yes, please list them below:

Do you have a regular physician? ☐ Yes ☐ No

If yes, please tell us about him/her:

Last Name

First Name

Street Address

Apt/Suite No.

City/State/Zip

FIG. 6C

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## Choose a Participating Radiologist

- Tell Us About Yourself
- Have You Ever Had...?
- Medical Background
- Change A Radiologist
- Change Appointment Time
- Enter Payment Information

We have found 1 radiologist(s) within appx.80 miles of you.

MRI Center  
300 Park Avenue  
New York, N.Y. 10005  
Phone: 212-888-0033

???????
???????
???????

### Did You Know?

Over half of ???  
????????????  
????????????  
????????????  
??????????

FIG. 6D